

FILED JAN 19 1951

STANDARD CERTIFICATE OF DEATH

State File No. 2622

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| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY <u>Alexian Bros. Hosp.</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | | c. LENGTH OF STAY (If in hospital) <u>12 hrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | | <u>2159</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Alexian Hospital</u> | | | | e. STREET ADDRESS (If rural, give location) <u>4432 Louisiana</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>John</u> | | a. (First) <u>Frederick</u> | | c. (Last) <u>Homeyer</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 3 51</u> | |
| 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u># 3/3/1879</u> | |
| 9. AGE (In years last birthday) <u>71</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>textile worker</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Bag maker</u> | | 11. BIRTHPLACE (State or foreign country) <u>Germany 4</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>Frederick</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unger</u> | | 14. NAME OF HUSBAND OR WIFE <u>Clara 4432 Louisiana</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>490-03-3777</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clara Homeyer 4432 Louisiana</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension Under Homeyer</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs</u> <u>1 yr</u> | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>4701</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>2 days</u> , 19 <u>50</u> , to <u>3 Jan</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Jan 2</u> , 19 <u>51</u> , and that death occurred at <u>7 a</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>J. B. Lantieri M.D.</u> | | | | 23b. ADDRESS <u>2208 Thompson</u> | | 23c. DATE SIGNED <u>5 Jan 51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>1/6/51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Lakewood Park</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>JAN 6 1951</u> | | REGISTRAR'S SIGNATURE <u>J. B. Lantieri</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Schumacher Und. Co.</u> | | ADDRESS <u>3013 Maryland</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Francis Williamson

Licensed Embalmer No. 3565

P. O. Address St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.